

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006960

FILED
Feb 17, 2009
Secretary of State

Entity Name: MRSA TASK FORCE OF SOUTH FLORIDA, INC

Current Principal Place of Business:

1203 NORTH FEDERAL HIGHWAY
SUITE 1000
HOLLYWOOD, FL 33020 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 292-577
DAVIE, FL 33329 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONONIE, SEAN A
1203 NORTH FEDERAL HIGHWAY
SUITE 1000
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CONONIE, SEAN A
Address: 1203 NORTH FEDERAL HIGHWAY
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: VP () Delete
Name: CROSS, LOIS A
Address: 1203 NORTH FEDERAL HIGHWAY
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: SEC () Delete
Name: TARGETT, MARK
Address: 1203 NORTH FEDERAL HIGHWAY
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: T () Delete
Name: TARGETT, SARA
Address: 1203 NORTH FEDERAL HIGHWAY
City-St-Zip: HOLLYWOOD, FL 33020 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOIS CROSS

VP

02/17/2009

Electronic Signature of Signing Officer or Director

Date